

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215-0188  
Expires 11-30-2008

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

AUG 16 2005

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>9415</u>	2. Fiscal Year Covered From. <u>1 / 01 / 04</u> Through <u>12 / 31 / 04</u>
3. Name and address of person filing. Name <u>Mike Mund</u> P.O. Box, Bldg., Room No., if any Street <u>141 Hill Street</u> City <u>Bonne Terre</u> State <u>Missouri</u> ZIP Code + 4 <u>63628</u>	4. Name, file number, and address of labor organization. Name <u>UAW Local 282</u> Labor Organization File Number <u>020066</u> P.O. Box, Building and Room Number, if any Street <u>2172 Waterford</u> City <u>Florissant</u> State <u>Missouri</u> ZIP Code + 4 <u>63033</u>
5. Position in labor organization. <u>President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any) Name Trade Name, if any P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7 a. Nature of Interest, Transaction, or Income  7 b. Amount
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Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8/9/05

Date

314-972-0290

Telephone Number

**B** Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

**8** Name and address of Business (including trade name, if any).

Name Micheal C. Goldberg,  
 Trade Name, if any: Attorney  
 P.O. Box, Bldg, Room No., if any \_\_\_\_\_  
 Street 906 Olive  
 City St. Louis, MO  
 State \_\_\_\_\_ ZIP Code + 4 63110

**9** Business deals with

- a. Labor Organization  
 b. Trust  
 c. Employer

**10** If 9 b or 9 c. is checked give trust or employer's name.

Name \_\_\_\_\_  
 Trade Name, if any \_\_\_\_\_  
 P.O. Box, Bldg, Room No., if any \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

**11.a** Nature of such dealing**11 b.** Approximate dollar value of such dealing**12.a** Nature of interest held or income received**12.b** Amount

\$ 000.00

**C** Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

**13 a** Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name \_\_\_\_\_  
 Trade Name, if any \_\_\_\_\_  
 P.O. Box, Bldg, Room No., if any \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

**14 a** Nature of payment.

**13 b** Is the Business an Employer ☐ or Consultant ☐ ?

**14 b.** Amount of payment.

# *United Auto Workers of America*

2172a Waterford Ave.  
Florissant, MO 63033  
Ph: 314-972-0290  
Fax: 314-972-0582

*Amalgamated*



*Local No. 282*

Chartered  
March 25, 1937

**Mike Mund**  
*President*

**Eric Woehrle**  
*Vice President*

**Ledrick Wilson**  
*Financial Secretary*

**Linda Hoselton**  
*Recording Secretary*

## **VIA CERTIFIED - RETURN RECEIPT REQUESTED**

U.S. Department of Labor  
Employment Standards Administration  
Office of Labor-Management Standards  
200 Constitution Avenue, N W., Room N5616  
Washington, D.C. 20210

Gentlemen:

Enclosed is my LM-30 report for 2004.

Very truly yours,

Mike Mund